Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 Open to Public Inspection

A	For t	he 2010 calendar year, or tax year beginning MAY 1, 2010 and ending	a API	2 30	2011	
	Check applica					cation number
	Chai	THE COMMITTEE, THE				
<u> </u>	char	ge Doing Business As			52-09	986195
-	retu	Number and street (or P.O. box if mail is not delivered to street address) Room/	suite E	Telephor	ne number	
ř	Ame	inded O)626-8800
ř	☐retui ☐App Ition	ICA: TTO COTTON OF THE TOTAL T		Gross receip		8,875,502.
	pen	F Name and address of principal officer AMARIE NATIVIDAD	Н(a group re	
		SAME AS C ABOVE	.,,	for affil		Yes X No
1	Tax-e	xempt status 501(c)(3)X 501(c)(4) ◀ (insert no.) 4947(a)(1) or	527 H(ffiliates incl	
		ite: WWW.NRLC.ORG				ist (see instructions)
			Year of to	rmation: 1	973 BA	number ▶ State of legal domicile: DC
P	art I		rear or io	irriation. 1	L 9 / 3 NI	State of legal domicile. DC
ø	1	Briefly describe the organization's mission or most significant activities. ORGANIZA	TION	DEVO	י משתי	rO
Activities & Governance		DISSEMINATING INFORMATION AND SUPPORT FOR PE	RO-LI	FE IS	SUES	
era	2	Check this box L if the organization discontinued its operations or disposed of its	more tha	in 25% of	its net ass	sets
305	3	Number of voting members of the governing body (Part VI, line 1a)			3	58
ಂಶ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	50
ties	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)			5	63
ţ,	6	Total number of volunteers (estimate if necessary)			6	50
A		Total unrelated business revenue from Part VIII, column (C), line 12			7a	20,100.
	0	Net unrelated business taxable income from Form 990-T, line 34	1		7b	0.
41	8	Contributions and grants (Part VIII, line 1h)		Prior Yea		Current Year
une	9	Program service revenue (Part VIII, line 2g)	8	,842,		8,569,013.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 3d			286.	21,036.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			412.	17,928.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	164, ,075,		122,909.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		,075,	0.	8,730,886.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3	,447,		3,528,675.
us	16a	Professional fundraising fees (Part IX, column (A), line 11e)		1221	0.	813,690.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)				013,030.
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5	,739,	053.	4,390,735.
	18	Total expenses Add lines 13.17 (must equal Part 12 column (A), line 25)		,186,		8,733,100.
S	19	Revenue less expenses Subtractine 18 from line 12		-110,	986.	-2,214.
ts or		S OS		ng of Curre		End of Year
Bag		Total assets (Part X, line 161) SEP 1.4 2011	2	,826,	859.	2,668,483.
Net Assets or Fund Balances		Total habilities (Part A, line 20)	3	,274,		3,116,197.
	rt II	Net assets or fund balances Subtract-line-24 from time:20		-447,	274.	-447,714.
true	correc	lties of perjury, I declare that I have examined this return, including accompanying schedules and sta t, and complete. Declaration of preparer (other than officer) is based on all information of which preparents	tements,	and to the t	pest of my k	knowledge and belief, it is
1100,	001100	t and domplete: Decidation of preparer (other thanppincer) is based off all information of which preparer	arer has a	iny knowled	ige.	
Sign		Signature of officer Amar Collins		Date		
Here		AMARIE MATIVIDAD, CHIEF FINANCIAL OFFICER		Date	orla1	11
		Type or print name and title			411	//
		Print/Type preparer's name Preparer's signature	Date		Check] PTIN
Paid		CRAIG A. STEVENS, CPA Crass of Stevens	9-9	7-11	self-employed	7
Prepa	arer	Firm's name CALIBRE CPA GROUP PLEC	1 1	Firm's		
Use (Only	Firm's address 1850 K STREET, N.W.		1.11113		
		WASHINGTON, DC 20006		Phone	no. (20	02)331-9880
May	the IF	S discuss this return with the preparer shown above? (see instructions)		1	, , ,	X Yes No
	1 02-2				The state of the s	Form 990 (2010)

THIS IS A COPY OF A LIVE DATA RETURN. OFFICIAL USE ONLY.

	m 990 (2010) NATIONAL RIGHT TO LIFE COMMITTEE, INC. 52-0986195 Page 2 art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission ORGANIZATION DEVOTED TO DISSEMINATING INFORMATION AND SUPPORT FOR PRO-LIFE ISSUES.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code:) (Expenses \$ 1,581,115 · including grants of \$) (Revenue \$
	FEDERAL AND STATE LEGISLATIVE ACTIVITIES: RELATE TO PROGRAMS THAT
	ADVANCE NRLC'S PUBLIC POLICY GOALS. WRITTEN MATERIALS ON FEDERAL AND
	STATE POLICY ISSUES ARE PREPARED. THE PROGRAM COORDINATES GRASSROOTS LOBBYING EFFORTS. IT DEVELOPS PROGRAMS AND IMPLEMENTS ARGUMENTS AND
	LOBBYING EFFORTS. IT DEVELOPS PROGRAMS AND IMPLEMENTS ARGUMENTS AND STRATEGIES IN THE FIGHT AGAINST ABORTION AND EUTHANASIA. THE PROGRAM
	ASSISTS STATE AFFILIATES SEEKING TO ENACT PROTECTIVE LEGISLATION THAT
	PROVIDES CIVIL REMEDIES. PUBLIC RELATIONS & PUBLIC AWARENESS: PROGRAMS
	THAT EDUCATE THE PUBLIC ON ABORTION, INFANTICIDE AND EUTHANASIA BY
	DEVELOPING AND PLACING ADS; PRODUCING AND PROMOTING BROADCAST PROGRAMS
	AS WELL AS LONG-FORMAT RADIO AND TV PROGRAMS; AND THROUGH OTHER MEDIA
	KEEP THE PUBLIC INFORMED ON ONGOING RELATED ISSUES.
4b	(Code) (Expenses \$ 1,124,744. Including grants of \$) (Revenue \$
	POLITICAL PROGRAMS ADMINISTRATIVE SUPPORT (Code
4c	(Code:) (Expenses \$ 990,961. including grants of \$) (Revenue \$
	STATE DEVELOPMENT AND MEMBERSHIP ORGANIZATION: RELATED TO PROGRAMS THAT
	ASSIST STATE AFFILIATES TO DEVELOP FUNCTIONING CHAPTERS IN EVERY
	LEGISLATIVE DISTRICT. IT INCLUDES TECHNICAL ASSISTANCE, FIELD
	ASSISTANCE, EDUCATIONAL AND LEGISLATIVE STRATEGY, ASSISTANCE IN
	PLANNING STATE AND LOCAL EVENTS.
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 1,987,806 including grants of \$) (Revenue \$ 23,667 including grants of \$
4e	Total program service expenses ► 5,684,626.
32002	Form 990 (2010)
12-21-	10
	2

52-0986195

NATIONAL RIGHT TO LIFE COMMITTEE, INC.

Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III X 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III \mathbf{X}_{-} 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes, " complete Schedule D, Part IV X 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities part X one 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Fart 1, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III 19 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) Form 990 (2010)

Form 990 (2010)

	art IV Checklist of Required Schedules (continued)	6195	, P	age 4
٠٠	Checklist of frequired Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21	-	X
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	000		77
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22	-	X
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	^	-
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		1	1
	Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-43
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.40		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
٠	was an officer,		1	
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
50	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		X
•	If "Yes," complete Schedule N, Part I	_		32
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u>X</u>
	Schedule N, Part II		1	v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	-	<u>X</u>
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	33		
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	41	X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	00	-+	
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		$\neg \uparrow$	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form 9	90 (2	010)

032004 12-21-10

	990 (2010) NATIONAL RIGHT TO LIFE COMMITTEE, INC. 52-0986	195	Р	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable	7		
b		5		
c		1		
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 63			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	-		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country	70		14
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		44
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	-00		
	any contributions that were not tax deductible?	6a	х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	х	
7	Organizations that may receive deductible contributions under section 170(c).	-		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12		- 1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1	
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		l	
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990 (2010)

032005

	n 990 (2010) NATIONAL RIGHT TO LIFE COMMITTEE, INC. 52-098	6105		age 6
Pa	ort VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	0 T J J	rocoor	age o
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	a NO I	espui	156
	Check if Schedule O contains a response to any question in this Part VI			العقا
Sec	ction A. Governing Body and Management			X
	a coording body and management			
15	Enter the number of votice members of the construct had a vive of the construct had a		Yes	No
		8		
р	ID 1	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	-		
	governing body?	7a		х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	70		
	by the following			ĺ
а			3.5	1
b	Each committee with authority to act on behalf of the governing body?	8a	X	
9		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			ĺ
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
260	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b	X	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy2/if "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0		
	in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13	21	X
14	Does the organization have a written document retention and destruction policy?			X
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	-	
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a h	The organization's CEO, Executive Director, or top management official	15a		X
ь	Other officers or key employees of the organization	15b		_X_
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	1 1		
ıba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		_X_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	1 1		
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, FL, GA	A,IL	, KS	, KY
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for		
	public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	and final	anal.	
	statements available to the public	no midi	icidi	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	b		
	AMARIE NATIVIDAD - (202) 626-8800	uon 📂		
	512 10TH STREET, NW, WASHINGTON, DC 20004		200	2040
032006	SPE CCHEDITE O DOD DITT I TOM OF COMME	Form 9	99U (2	:U1U)
12-21-1	SEE SCHEDULE O FOR FULL LIST OF STATES			

11510909 712177 THOSOIS A COPY OF 2016 VE 4 020 NATURNAL OF EGIPL TUSE PREY COMM 70091__1

Form 990 (2010)	NATIONAL	RIGHT	TO	LIFE	COMMITTEE	. INC.	52-0986195	Page 7
Part VII Compensati	on of Officers, D	Directors,	Trus	tees, K	ey Employees,	Highest C	ompensated	
Employees,	and Independer	t Contrac	tors					
Check if Schedu	ile O contains a respo	onse to any o	questic	on in this l	Part VII			

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
 List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	١.	Position (check all that apply					Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	ustee or director	Institutional frustee	all	Γ	Highest compensated do employee	<u> </u>	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
HON. GELINE B. WILLIAMS						,		\		
CHAIRMAN OF THE BOARD	1.00	X	_	X	(0.	0.	
HON. JAY DUENWALD	4 00									
VICE CHAIRMAN OF THE BOARD	1.00	X		X				0.	0.	
CAROL TOBIAS	1 00	K	1		-					_
PRESIDENT ANTHONY LAUINGER	1.00	-	1	X		-		0.	0.	
VICE PRESIDENT	1.00	ζ		x				0.	0.	
DAVID O' STEEN	3.00	- A		Δ				0.	<u> </u>	
CO-EXECUTIVE DIRECTOR	40.00	X		X				112,900.	0.	18,310
DARLA ST. MARTIN				45	_			112,000.	0.	10,510
CO-EXECUTIVE DIRECTOR	40.00	X		x				101,800.	0.	17,394
REV. DENNIS C. DAY										
TREASURER	1.00	Х		х				0.	0.	0
HOLLY GATLING										
SECRETARY	1.00	X		X				0.	0.	C
JEANNE HEAD, R.N.				- 1						
DIRECTOR	1.00	X			_			0.	0.	0
LARRY HELL										
DIRECTOR	1.00	X	-	_	_	_	_	0.	0.	0
CHERYL CIAMARRA	1 00									
DIRECTOR	1.00	X	-	-		-		0.	0.	0
KAREN LEWIS DIRECTOR	1.00	v			- 1				0	0
CAROLYN F. GERSTER	1.00	Δ	-	-	\dashv	-	\dashv	0.	0.	0
DIRECTOR	1.00	v					- 1	0.	0.	0
SUSAN SMITH	1 200	44	\dashv	-	-	-		0.	0.	
DIRECTOR	1.00	x						0.	0.	0
HELEN ANN HAHN			\neg	7	\exists	7				
DIRECTOR	1.00	X						0.	0.	0
HON. LYNDA BELL						\neg	\neg			
DIRECTOR	1.00	Х						0.	0.	0
DAN BECKER			T		T		\neg			
DIRECTOR	1.00	X						0.	0.	0

Part VII Section A Officers Directors To	RIGHT	TO	L	IF.	E	CO	MM	HITTEE, INC.	52-098	5195	Р	age 8
	ustees, Key E	mpl	oyee			High	nes	t Compensated Emplo	yees (continued)			
(A)	(B)	1			C)			(D)	(E)		(F)	
Name and title	Average	١,			otion			Reportable	Reportable	Est	ımate	ed
	hours per week	(check all that apply						compensation	compensation	am	ount	of
							1	from	from related		other	
	hours for	or director				2		the	organizations	comp		
	related	tee	ustee			nsat		organization (W-2/1099-MISC)	(W-2/1099-MISC)	1	m th	
	organizations	į	宣		oyee	E .		(** 27 1033-WIISC)			nızat relat	
	ın Schedule	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orgai		
DAUL MALONDY	0)	=	=	ō	3	£ 5	8					
PAUL MALONEY DIRECTOR	1.00	x										_
BARTH BRACEY	1.00	12	-		\vdash	\vdash	\vdash	0.	0.	-		0 .
DIRECTOR	1.00	x						0.	0.			0.
KAREN PENCE		-							0.	1		_ U .
DIRECTOR	1.00	X						0.	0.			0.
KIM PITTS		Γ										
DIRECTOR	1.00	X						0.	0.			0.
ALAN HANSEN		1										
DIRECTOR	1.00	X						0.	0.			0.
MARGIE MONTGOMERY												
DIRECTOR	1.00	X		_			_	0.	0.			0.
SHARON RODI	1 00	7.5						\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \				
DIRECTOR BOB EMRICH	1.00	X		-				0.	0.			0.
DIRECTOR	1.00	Х				1						•
ANNE FOX	1.00	Α		-	-(Ð	-	0.	0.			0.
DIRECTOR	1.00	х				-/		0.	0.			0.
1b Sub-total					7		L	214,700.	0.	35	7	04.
c Total from continuation sheets to Part VI	I, Section A	("		1				365,000.	5,000.	125	7	94
d Total (add lines 1b and 1c)		1)					579,700.	5,000.	161		
2 Total number of individuals (including but no	ot limited to th	cse	liste	d ab	ove) wh	o re	eceived more than \$100	000 in reportable	1 101	1 =	<i>5</i> 0 •
compensation from the organization		//				,			,000 in reportable			2
	7									1	es	No
3 Did the organization list any former officer,	director or trus	stee,	, key	em	ploy	ee,	or h	ighest compensated en	nplovee on			
line 1a? If "Yes," complete Schedule J for su	ıch individual				-			,	,	3	x	
4 For any individual listed on line 1a, is the su	m of reportable	e co	mpe	nsat	tion	and	oth	ner compensation from t	he organization			
and related organizations greater than \$150	,000? If "Yes,"	' cor	nple	te S	che	dule	Jf	or such individual		4	1	X
5 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om a	any	unre	elate	ed organization or individ	dual for services			
rendered to the organization? If "Yes," comp	olete Schedule	J fo	or su	ch p	erso	on				5		X
Section B. Independent Contractors												
Complete this table for your five highest cor	npensated ind	epe	nder	nt co	ntra	acto	rs th	nat received more than S	\$100,000 of compens	ation fro	m	
the organization												
(A) Name and business a	addraee						- 1	(B)		(C)		
STRATEGIC							+	Description of se	ervices	ompens	ation	1
7591 9TH STREET, N, OAKDA	T.T. MAN	55	1 2	0			-	DI BOOMANIZO		722	2	4.3
TREASURE STATE DEVELOPMEN	THE, MIN	25	OI	o Tr∧	እፕ		$\neg \tau$	ELECOMMUNICA	ATION	733	34	<u>13.</u>
DRIVE, SUITE B, HELENA, M	T 59602	_	СП	10.	ΤA		- 1	ROFESSIONAL		206	7 -	7 A
MDS COMMUNICATIONS CORP.	1 37002							UNDRAISING		306	, / /	14.
545 W. JUANITA AVENUE, ME	SA AZ	85	21	n			-	ELECOMMUNICA	AT ONT	200	0 5	5.2
CAPITOL RESOURCES	0227 222	<u> </u>		<u> </u>			+	EDECOMMONICA	311014	299	12-	14.
	ROOKLYN		IA	5	22	11	Т	ELECOMMUNICA	MOTTON	106	31	16
							7				, , , ,	
2 Total number of independent contractors (in	cluding but no	t lur	nted	to ti		e list	ed	above) who received mo	ore than			
\$100,000 in compensation from the organiza		T NT	777	717	4 ONT	_	777-	IDMO				
DEE FART VII, SECTION	A CONT	T 1/4	OW.	T.T.	OIN	5	ΠE	ETS		Form 99	9U (2	010)

Form 990 (2010) NATIONAL Part VII Section A Officers Directors 3	RIGHT .	TO	<u></u>	IF	<u> </u>	COL	M.	ITTEE, INC.	<u> 52-098</u>	6195
Occion A. Omocia, Directora, i		mple	oyee			ligh	est		ees (continued)	r
(A) Name and title	(B) Average hours per	(c	heck	Pos			ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
BARBARA LISTING	1.00	v						0.	0.	0
DIRECTOR	1.00	1			_	-	_	0.	0.	0.
LEO LALONDE DIRECTOR	1.00	x						0.	0.	0.
BARBARA WHITEHEAD										
DIRECTOR	1.00	x						0.	0.	0.
MAGGIE BICK										
DIRECTOR .	1.00	X						0.	0.	0.
GREGG TRUDE										
DIRECTOR	1.00	X						0.	0.	0.
JULIE SCHMIT ALBIN										
DIRECTOR	1.00	X	_		-		_	0.	0.	0.
MELISSA CLEMENT	1 00									
DIRECTOR	1.00	X	_		_	-4	\triangle	0.	0.	0.
ROGER STENSON	1 00	70			(1	04 000	E 000	16 026
DIRECTOR	1.00	X	-	-4) ////////////////////////////////////		-	24,000.	5,000.	16,836.
ANNE M. PERONE	1.00	x							0.	_
DIRECTOR	1.00	A	-	1				0.	<u> </u>	0.
DAUNEEN DOLCE DIRECTOR	1.00	X						0.	0.	0.
EMMA O'STEEN	1							<u> </u>		
DIRECTOR	1.00	X						0.	0.	0.
JOHN C. WILLKE										
DIRECTOR	1.00	X						0.	0.	0.
GAYLE ATTEBERRY										
DIRECTOR	1.00	X						0.	0.	0.
DENISE T. WILCOX										9
DIRECTOR	1.00	X						0.	0.	0.
ED ALBIN	1 00								•	•
DIRECTOR	1.00	X			-			0.	0.	0.
JOSEPH GRAHAM	1 00									_
DIRECTOR	1.00	X					_	0.	0.	0.
KATHRYN CECIL	1 00	3,5							0	
DIRECTOR	1.00	A	-				_	0.	0.	0.
MARY HAHN BEERWORTH	1.00	~						0.	0.	0
DIRECTOR	1.00	Δ		\dashv			-	0.	U •	0.
KENNETH VAN DERHOEF DIRECTOR	1.00	Y						0.	0.	0.
CHET RUCINSKI	1.00	1	\vdash	-	-		_	- 0.	0.	<u> </u>
DIRECTOR	1.00	x						0.	0.	0.
DIVICION	1 4.00	47						0.	0.	<u></u>

032201 12-21-10

(a) Name and title Name and title Average hours per week Postson (check all that apply) Reportable compensation from related organization (w2/1099MISC) Reportable compensation from related to their gradual compensation (w2/1099MISC) Reportable compensation (w2/1099MISC) Reportable compensation from related to their gradual compensation (w2/1099MISC) Reportable compensation (w2/1099MISC) Reportable compensation from related to their gradual compensation (w2/1099MISC) Reportable compensation	Part VII Section A. Officers, Directors, To	rustees, Key E	mpi	oye			High	est	Compensated Employ	ees (continued)	
Pour per week Pour per week Pour per per week Pour per per week Pour per per per per per per per per per pe	(A)	(B)							(D)		(F)
Por Week Bar	Name and title		1,	.							Estimated
DATECTOR 20.00 X 39,000. 0. 15,35		per	F		all	that	Ė	oly)	from the organization	from related organizations	other compensatio from the
DIRECTOR 20.00 X 39,000. 0. 15,35 REV. BOB VANDEM BOSCH 1.00 X 0. 0. CARREN CROSS 1.00 X 80,000. 0. 38,10 CARREN CROSS 1.00 X 0. 0. CARREN DICOSTANZO 1.00 X 0. 0. CARREN DICOSTANZO 1.00 X 90,000. 0. 17,39 RIAM JOHNSTON 40.00 X 81,000. 0. 38,10 CARRIT REACTOR 1.00 X 0. 0. CONNIE FRATT 1.00 X 0. 0. CHERCICR 1.00 X 0. CHERCICR 1.00 X 0. 0. CHE			Individual trustee	Institutional truster	Officer	Key employee	Highest compensal	Former			and related organization
INFECTOR 1.00 X 0. 0. 38,10 X 100 X 80,000. 0. 38,10 X 100 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	RAIMUNDO ROJAS										
INDECTOR 1.00 X 0. 0. 0. 17,39 INECTOR 40.00 X 80,000. 0. 38,10 ACKI RAGAN 1.00 X 0. 0. 0. 177,39 INECTOR 40.00 X 90,000. 0. 177,39 INECTOR 40.00 X 90,000. 0. 38,10 ACKI RAGAN 40.00 X 90,000. 0. 177,39 INECTOR 40.00 X 0. 0. 0. 38,10 INECTOR 1.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	DIRECTOR	20.00	X						39,000.	0.	15,354
AREN CROSS JRECTOR AREN DICOSTANZO JRECTOR 1.00 X 0. 0. RICACKI RAGAN JRECTOR 40.00 X 90,000. 0. 17,39 RIAN JOINSTON JRECTOR 40.00 X 90,000. 0. 17,39 RIAN JOINSTON JRECTOR 1.00 X 0. 0. 38,10 ONNIE PRATT JRECTOR 1.00 X 0. 0. ILDREL JEFFERSON, M.D. ILDREL JEFFERSON, M.D. JRECTOR 1.00 X 0. 0. ONN WAYNE COCKFIELD JRECTOR 1.00 X 0. 0. ANDA FRANZ, PH.D. RESIDENT-FORMER 40.00 X 51,000. 0.	REV. BOB VANDEN BOSCH										
AREN CROSS INECTOR AREN DICOSTANZO INECTOR 1.00 X 0. 0. 0. 17,39 RIAN JOINSTON IRECTOR 40.00 X 90,000. 0. 17,39 RIAN JOINSTON IRECTOR 1.00 X 0. 0. 38,10 0. 17,39 RIAN JOINSTON IRECTOR 40.00 X 81,000. 0. 38,10 0. 0. 10. 10. 10. 10. 10. 10.	DIRECTOR	1.00	X	L					0.	0.	C
AREN DICOSTANZO DIRECTOR 1.00 X 0.0 0.17,39 RIAN JOINSTON HRECTOR 40.00 X 90,000. 0.17,39 RIAN JOINSTON HRECTOR 40.00 X 0.0 0.38,10 ONNIE PRATT HRECTOR 1.00 X 0.0 1.00 X 0.0 ILIDRED JEFFERSON, M.D. HRECTOR 1.00 X 0.0 0.0 0.0 ILIDRED JEFFERSON, M.D. HRECTOR 1.00 X 0.0 0.0 0.0 0.0 0.0 0.0 0.0	KAREN CROSS										
TAREN DICOSTANZO JURECTOR 1.00 X 0.0. 1.00 X 0.0. 1.00 X 90,000. 0.17,39 17,39 18ECTOR 40.00 X 81,000. 0.38,10 0.0011E PRATT 1.00 X 0.0. 1.0	DIRECTOR	40.00	X	_					80,000.	0.	38,105
ACKI RAGAN ACKI RAGAN ACKING R											
ACKI RAGAN ACK	DIRECTOR	1.00	X						0.	0.	0
REAM JOHNSTON IRECTOR 1.00 X 0. 38,10 0. 0. ICHELLE ARCCHA ALLEN DIRECTOR 1.00 X 0. 0. ILLEGETOR 1.00 X 0. 0. ILLEGETOR 1.00 X 0. 0. ONILLEGETOR 1.00 X 0. 0. ONIN WAYNE COCKFIELD IRECTOR 1.00 X 0. 0. IRECTOR 1.00 X 0. 0. ONIN WAYNE COCKFIELD IRECTOR ON IN WAYNE COCKFIELD ON IN WAYNE COCKFI	JACKI RAGAN	4.0.0									
MIRCTOR	DIRECTOR	40.00	X			_			90,000.	.0.	17,394
1.00 x 0. 0.		40.00									
1.00 X 0. 0. ICHELLE AROCHA ALLEN ILIDRED JEFFERSON, M.D. ILIDRED JEFFERSON, M.D. ILIDRED JEFFERSON, M.D. ILIDRED JEFFERSON, M.D. ILIDRED JEFFERSON, M.D. ILIDRED JEFFERSON, M.D. ILIDRED JEFFERSON, M.D. ILIDRED JEFFERSON, M.D. ILIDRED JEFFERSON, M.D. ILIDRED JEFFERSON, M.D. ILIDRED JEFFERSON, M.D. ILIDRED JEFFERSON, M.D. ILIDRED JEFFERSON, M.D. ILIDRED JEFFERSON, M.D. ILIDRED JEFFERSON, M.D.		40.00	X		\dashv	_	_		81,000.	0.	38,105
ICHELLE AROCHA ALLEN		1 00	-			1		4			
1.00 X 0. 0. ILDRED JEFFERSON, M.D. IRECTOR		1.00	X			_	-4	1	0.	0.	
ILDRED JEFFERSON, M.D. IRECTOR O. O. ONW MAYNE COCKFIELD IRECTOR USAN SMITH LATAIF IRECTOR ANDA FRANZ, PH.D. RESIDENT-FORMER 40.00 X 51,000. 0. O.		1 00	77			1		1			
1.00 x		1.00	X	-1	-4				0.	0.	0
OHN WAYNE COCKFIELD IRECTOR USAN SMITH LATAIF IRECTOR ANDA FRANZ, PH.D. RESIDENT-FORMER 40.00 X 51,000. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	•	1 00	v		Ň					2	
1.00 x		1.00	A		\rightarrow	-			0.	U.	0
USAN SMITH LATAIF IRECTOR ANDA FRANZ, PH.D. RESIDENT-FORMER 40.00 X 51,000. 0.		1 00	V							0	
IRECTOR 1.00 X 0. 0. AND FRANZ, PH.D. RESIDENT-FORMER 40.00 X 51,000. 0.		1.00	^	and	-	\dashv	\dashv		0.	0.	0
ANDA FRANZ, PH.D. RESIDENT-FORMER 40.00 X 51,000. 0.		1\00	x						0		0
RESIDENT-FORMER 40.00 X 51,000. 0.		1.00	27	\neg	-	\dashv	+	\dashv	0.	0.	0
	PRESIDENT-FORMER	40.00						х	51,000.	0.	0
			-	\dashv	\dashv	\dashv	-	\dashv			
					4	-	_	_		-	
			-	\dashv	+	+	+	\dashv			
			+	\dashv	+	\dagger	\dashv	1			
				-	+	_	\downarrow	4			
								1			

032201 12-21-10

Total revenue Rebitled or exempt function Control trevenue Rebitled or exempt function Control trevenue Rebitled or exempt function Control trevenue		990	(2010) NATIONAL RIGHT TO I	JIFE	COMMITTE	E, INC.	52-0986	195 Page 9
2 a NEWSPAPER SUBSCRIPTION						Related or exempt function	Unrelated business	excluded from tax under sections 512,
2 a NEWSPAPER SUBSCRIPTION	ints nts							
2 a NEWSPAPER SUBSCRIPTION	gra		_ ` `					
2 a NEWSPAPER SUBSCRIPTION	r an		_	-				
2 a NEWSPAPER SUBSCRIPTION	s, nia			\dashv				
2 a NEWSPAPER SUBSCRIPTION	ion		- '	$\overline{}$				
2 a NEWSPAPER SUBSCRIPTION	but			13.				
2 a NEWSPAPER SUBSCRIPTION	50							
2 a NEWSPAPER SUBSCRIPTION 511110 21,036. 21,036.	ರ್ಣ			▶ 8	,569,013.			
b c d d d d d d d d d d d d d d d d d d			Business C					
Total, Add lines 2a-2f	8	2 8	NEWSPAPER SUBSCRIPTION 51111	LO	21,036.	21,036.		
Total, Add lines 2a-2f	e vi	Ŀ				×		
Total, Add lines 2a-2f	n S	•						
Total, Add lines 2a-2f	Rev	C	·					
Total, Add lines 2a-2f	Š.							
17,134. 17,1	-			_	21 026			
17,134. 17,1					21,036			
4 Income from investment of tax exempt bond proceeds 5 Royalties 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 144,616. Gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MATLITING LIST SALES 900099 14, 227. d All other revenue e Total. Add lines 11a.11d 12 Total revenue See instructions. 9,7930, 8866, 23,667, 20,100. 118,106.		3			17 1/3/1			17 13/
Second S		4			17,832.			エノノエンェ。
(i) Real (ii) Personal			•					
6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$\frac{1}{2}\$ contributions reported on line 1c). See Part IV, line 18 a Less direct expenses b C Net income or (loss) from fundraising events 9 a Gross income from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MAILING LIST SALES b ADVERTISING c MISCELLANEOUS d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. (i) Securities (ii) Scourties (iii) Scourties (iii) Chter 145, 410. (iii) Chter 147, 410. (iii) C				nal				
C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 144,616. 794. 8 a Gross income from fundraising events (not including \$		6 a			\ /			
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 144,616. c Gain or (loss) 4 Net gain or (loss) 794. 794. 794. 794. 794. 8 a Gross income from fundraising events (not including \$		b	Less rental expenses		1			
7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$\frac{1}{2}\$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MAILING LIST SALES b ADVERTISING c MISCELLANEOUS d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 12 Total revenue. See instructions. 144,616. 794. 794. 794. 794. 794. 8794. 8794. 79	1	C	Rental income or (loss)					
assets other than inventory b Less cost or other basis and sales expenses 144,616.	- 1		· · · · · · · · · · · · · · · · · · ·					
b Less cost or other basis and sales expenses		7 a		er				
and sales expenses c Gain or (loss) Net gain or (loss) 8 a Gross income from fundraising events (not including \$	- 1	_						
Region of (loss) Total revenue	1	Ľ						
d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MAILING LIST SALES b ADVERTISING c MISCELLANEOUS d All other revenue e Total. Add lines 11a-11d 122,909. 1794. 7			Gain or (loss)					
8 a Gross income from fundraising events (not including \$	- 1				794			794.
Including \$, , , , ,			
Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MAILING LIST SALES 900099 85,951. ADVERTISING 541800 20,100. MISCELLANEOUS 900099 14,227. d All other revenue e Total. Add lines 11a-11d 122,909. 1 total revenue. See instructions. 8,730,886. 23,667. 20,100. 118,106.	ă							
Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MAILING LIST SALES 900099 85,951. ADVERTISING 541800 20,100. MISCELLANEOUS 900099 14,227. d All other revenue e Total. Add lines 11a-11d 122,909. 1 total revenue. See instructions. 8,730,886. 23,667. 20,100. 118,106.	eve							
c Net income of (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MAILING LIST SALES b ADVERTISING c MISCELLANEOUS d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions.			Part IV, line 18 a					
c Net income of (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MAILING LIST SALES b ADVERTISING c MISCELLANEOUS d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions.		b	Less direct expenses b					
Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MAILING LIST SALES b ADVERTISING c MISCELLANEOUS d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. Business Code 11 4, 227. 85, 951. 85, 951. 85, 951. 85, 951. 85, 951. 85, 951. 85, 951. 85, 951. 85, 951. 85, 951. 85, 951. 85, 951. 85, 951. 85, 951. 85, 951. 85, 951. 85, 951. 85, 951. 86, 730, 886. 87, 730, 886. 87, 730, 886. 87, 730, 886. 87, 730, 886. 87, 730, 886. 87, 730, 886. 87, 730, 886. 88, 730, 886.	1					·		
b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MAILING LIST SALES b ADVERTISING c MISCELLANEOUS d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. b Convertible Total servenue servenue and the servenue servenue servenue servenue. See instructions. b Convertible Total servenue servenue servenue servenue servenue. See instructions. b Convertible Total servenue serven	1	9 a						
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MAILING LIST SALES b ADVERTISING c MISCELLANEOUS d All other revenue e Total. Add lines 11a-11d ■ 122,909. 12 Total revenue. See instructions. ■ Net income or (loss) from gaming activities ■ Net income or (loss) from sales of inventory ■ Net income or (l	l]			
10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MAILING LIST SALES b ADVERTISING c MISCELLANEOUS d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. Business Code 20,100. 20,100. 20,100. 14,227. 14,227. 2,631. 2,631.								
and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MAILING LIST SALES b ADVERTISING c MISCELLANEOUS d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. Business Code 20,100. 85,951. 85,951. 20,100. 14,227. 14,227. 14,227. 20,100. 12,009. 8,730,886. 23,667. 20,100. 118,106.	Ì						7	
b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MAILING LIST SALES b ADVERTISING c MISCELLANEOUS d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. b Less cost of goods sold a less cost of goods sold b Less cost of goods sold b Less cost of goods sold b Less cost of goods sold a less cost of goods sold b Less cost of goods sold a less cost of good		IU a			71	6		
C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MAILING LIST SALES 900099 85,951. b ADVERTISING 541800 20,100. c MISCELLANEOUS 900099 14,227. d All other revenue 900099 2,631. 2,631. e Total. Add lines 11a-11d 122,909. 12 Total revenue. See instructions. 8,730,886. 23,667. 20,100. 118,106.		h						
Miscellaneous Revenue Business Code 11 a MAILING LIST SALES 900099 85,951. 85,951. b ADVERTISING 541800 20,100. 20,100. c MISCELLANEOUS 900099 14,227. 14,227. d All other revenue 900099 2,631. 2,631. e Total. Add lines 11a·11d 122,909. 2,636. 23,667. 20,100. 118,106.								
11 a MAILING LIST SALES 900099 85,951. 85,951. b ADVERTISING 541800 20,100. 20,100. c MISCELLANEOUS 900099 14,227. 14,227. d All other revenue 900099 2,631. 2,631. e Total. Add lines 11a·11d 122,909. 12 Total revenue. See instructions. 8,730,886. 23,667. 20,100. 118,106.				ode				
b ADVERTISING 541800 20,100. 20,100. c MISCELLANEOUS 900099 14,227. 14,227. d All other revenue 900099 2,631. 2,631. e Total. Add lines 11a-11d 122,909. 12 Total revenue. See instructions. 8,730,886. 23,667. 20,100. 118,106.	Ī	11 a			85,951.			85,951.
c MISCELLANEOUS 900099 14,227. 14,227. d All other revenue 900099 2,631. 2,631. e Total. Add lines 11a-11d 122,909. 12 Total revenue. See instructions. 8,730,886. 23,667. 20,100. 118,106.	.						20,100.	
e Total. Add lines 11a-11d ▶ 122,909. 12 Total revenue. See instructions. ▶ 8,730,886. 23,667. 20,100. 118,106.		c			14,227.			14,227.
12 Total revenue. See instructions. 8,730,886. 23,667. 20,100. 118,106.	1	d		9		2,631.		
12 Total revenue. See instructions. ► 8,730,886. 23,667. 20,100. 118,106.		е					00 400	110 100
	03200		lotal revenue. See instructions.	≥ 8 ,	, /30,886.	23,667.	∠0,100.	

Form 990 (2010) NATIONAL RIGHT TO LIFE COMMITTEE, INC. Part IX Statement of Functional Expenses

52-0986195 Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). Do not include amounts reported on lines 6b, (A) Total expenses (B) Program service expenses (C) Management and (D) Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 691,961 486,449. 139,084 66,428. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 1,778,269. 1,219,456 387,686 171,127. Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 90,496. 66,501 15,131 8,864. 9 Other employee benefits 872,132. 646,026 140,366. 85,740. 10 Payroll taxes 95,817. 70,411 16,021 9,385. Fees for services (non-employees) a Management b Legal 60,047. 44,852 11,096. 4,099. c Accounting 38,000 38,000 d Lobbying Professional fundraising services. See Part IV, line 17 813,690. 813,690. Investment management fees 1,052,170 9 Other 021,448 13,706. 17,016. 2,919 2,902. Advertising and promotion 12 17. 224,174 13 Office expenses 191,551 22,933. 9,690. 14 Information technology 282,056. 235,948. 2,256 43,852. 15 Royalties 372,622. 16 Occupancy 300,108. 45,654 26,860. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 278,056. 19 231,964 11,572. 34,520 20 Interest Payments to affiliates 80,694. 21 80,694. Depreciation, depletion, and amortization 22 3,886. 2,989. 598 299. 23 Insurance 39,190 15,650. 23,540. Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) a POSTAGE AND MAILING 1,047,125. 600,519. 416,962. 29,644. PRINTING AND PRODUCTION 438,643. 320,774. 205 117,664. LOCKBOX FEES 276,617. 276,617. MISCELLANEOUS 21,407 250. 85,894. 64,237. DUES, SUBSCRIPTIONS AND 76,046. 75,147. 851. 48. 32,596. 7,000. All other expenses 25,596. 8,733,100. Total functional expenses. Add lines 1 through 24f 25 5,684,626. 1,244,928. 1,803,546. Joint costs Check here \to \textcal{\textcal{X}} if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising

solicitation

0

452,466

887,191

Form 990 (2010) NATIONAL RIGHT TO LIFE COMMITTEE, INC. 52-0986195 Page 11 Part X Balance Sheet (B) End of year (A) Beginning of year Cash · non-interest-bearing 68,311. 1 93,076. 2 Savings and temporary cash investments <u>382,320.</u> 2 3 Pledges and grants receivable, net 2,220,542. 124,883. 3 Accounts receivable, net 38,577 469,157. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Notes and loans receivable, net 7 Inventories for sale or use 8 16,543. Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 383,946 10a b Less accumulated depreciation 378,784 9,048. 5,162. 10b 10c Investments - publicly traded securities 449,073. 11 449,809. Investments - other securities See Part IV, line 11 12 13 Investments · program-related See Part IV, line 11 13 14 Intangible assets 14 Other assets See Part IV, line 11 0. 168,841. 15 15 2,826,859. <u>2,668,483.</u> 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,966,197. 3,274,133. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 150,000. 0 25 3,274,133. 3,116,197. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances -2,146,557 -1,572,597. 27 Unrestricted net assets 27 1,124,883. 1,699,283. 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 -447,714. -447,274. 33 33 Total net assets or fund balances 2,668,483.

Form 990 (2010)

Total liabilities and net assets/fund balances

2,826,859.

34

THIS IS A COPY OF A LIVE DATA RETURN. OFFICIAL USE ONLY.

Form	990 (2010) NATIONAL RIGHT TO LIFE COMMITTEE, INC.	52-098	6195	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
		_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	8,73	0,8	86.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,73	3,1	00.
3	Revenue less expenses Subtract line 2 from line 1	3		2,2	14.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-44	7,2	74.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1,7	74.
6_	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-44	7,7	14.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				LX
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	1		1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O	1 1		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	l on a			l
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis X Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	1 1		
	Act and OMB Circular A-133?		3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2010)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Open to Public

Schedule C (Form 990 or 990-EZ) 2010

Inspection See separate instructions. If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C. Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B Section 527 organizations Complete Part I-A only. If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II A If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations Complete Part III. Name of organization Employer identification number NATIONAL RIGHT TO LIFE COMMITTEE 52-0986195 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes 4a Was a correction made? Yes b If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL. line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV. (a) Name (b) Address (d) Amount paid from (e) Amount of political contributions received and filing organization's promptly and directly funds If none, enter -0delivered to a separate political organization If none, enter -0-

032041 02-02-11

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

THIS IS A COPY OF A LIVE DATA RETURN. OFFICIAL USE ONLY.

Schedule C (Form 990 or 990 EZ) 2010 NAT Part II-A Complete if the organiza	IONAL I	RIGHT TO LI	E COMMITTEE	, INC. 52-	0986195 Page 2
(election under section 5		mpt under section	on 501(c)(3) and file	ed Form 5/68	
B Check ▶ if the filing organization che	ecked box A a	ind "limited control" pr	ovisions apply		
Limits on L (The term "expenditures'	obbying Expe means amo		.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence p	ublic opinion	(grass roots lobbying)			
b Total lobbying expenditures to influence a					
c Total lobbying expenditures (add lines 1a	and 1b)		*		
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (add I	nes 1c and 1	d)			
f Lobbying nontaxable amount Enter the ai	nount from th	e following table in bo	th columns.		
If the amount on line 1e, column (a) or (b) is:		bying nontaxable am		te transcription of the second	
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,000		00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,500,000		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000,000		00 plus 5% of the exce			
Over \$17,000,000	\$1,000				
g Grassroots nontaxable amount (enter 25%	of line 1f)				
h Subtract line 1g from line 1a If zero or less	, enter -0-				
i Subtract line 1f from line 1c If zero or less	, enter -0-		_		
j If there is an amount other than zero on en	her line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this year?		/	1		Yes No
	4-Year Av	eraging Period Under	Section 501(h)		
			n do not have to comp		
			es 2a through 2f on pag	ge 4.)	
Lo	bbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	a) 2007	b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount		. E			
e Grassroots ceiling amount				***************************************	
(150% of line 2d, column (e))					*
, , , , , , , , , , , , , , , , , , , ,					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990 EZ) 2010 NATIONAL RIGHT TO LIFE COMMITTEE, INC. 52-0986195 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(;	a)	(t)
	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of.	22			
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If "Yes," describe in Part IV				
j Total Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	ion 501(c)	(5), or se	ction	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	***********	3		X
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)				
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 are answered "No" OR if Part III-A, li	art III-A, li	ne 3 is a	nswered	
"Yes."				
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	tical			
expenses for which the section 527(f) tax was paid).		- 1		
a Current year .		2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		_ 5		
Part IV Supplemental Information				
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, a	ind Part II-B,	line 11 Also	, complete	this par
or any additional information				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

Inspection ▶ Attach to Form 990. ▶ See separate instructions. Employer identification number Name of the organization NATIONAL RIGHT TO LIFE COMMITTEE, 52-0986195 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2¢ Number of conservation easements included in (c) acquired after 8(17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transfer etc. released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No Yes violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (II) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Assets included in Form 990, Part X

Schedule D (Form 990) 2010

	dule D (Form 990) 2010 NATIONA rt III Organizations Maintaining C	L RIGHT TO	LIF Art, His	E COMM	MITTEE, reasures,	INC or Oth	er Simil	52-09 ar Asse	8619 ets (cont	5 P	age 2
3	Using the organization's acquisition, access										
	(check all that apply)										
а	Public exhibition		d \square	Loan or exc	hange progr	ams					
b	Scholarly research		e 🔲	Other	3-,-3						
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	ain how t	hev further t	he organizati	ion's exe	mnt nurn	ose in Pai	rt XIV		
5	During the year, did the organization solicit of							000			
•	to be sold to raise funds rather than to be m					ioi giiriiig	, 200010		Yes		No
Pa	rt IV Escrow and Custodial Arran					"Voe" to	Form 990) Part IV			1140
	reported an amount on Form 990, Pa		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o organizatio	JII ali i a w Ci C a	103 10	1 01111 550	, raitiv,	c 5, 01		
1a	Is the organization an agent, trustee, custod		diany for	contribution	ns or other as	seate not	uncluded				
	on Form 990, Part X?	ian or other interme	diary loi	Contribution	is of other as	35613 1101	Moladed		Yes	_	No
h	If "Yes," explain the arrangement in Part XIV	and complete the f	- cllowing	table				L	res		ם או ר
U	ii res, explain the analigement in Fait XIV	and complete the	Ollowing	lable.					A		
_	Pagunana halanaa								Amoun	τ	
c	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance		0.10				1f	L			٦
	Did the organization include an amount on F		e 217					. L	Yes		J No
Pai	If "Yes," explain the arrangement in Part XIV			W	200 5						
Fall	rt V Endowment Funds. Complete				1/-				Т		
		(a) Current year	(b) F	Prior year	(c) wo yea	rs back	(d) Three	ears back	(e) Four	years	back
1a	Beginning of year balance		-	<u>_</u>	\				-		
b	Contributions				*				_		
С	Net investment earnings, gains, and losses		_	\triangle \angle					ļ		
d	Grants or scholarships		-	~/)					ļ		
е	Other expenditures for facilities		k Y) '							
	and programs		1								
f	Administrative expenses										
g	End of year balance		<u> </u>						<u> </u>		
2	Provide the estimated percentage of the year	r end balance held	as								
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
3a	Are there endowment funds not in the posse	ssion of the organi	zation tha	at are held a	and administe	ered for t	he organi	zation	,		
	by									Yes	No
	(i) unrelated organizations								3a(ı)		
	(ii) related organizations				7				3a(II)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required	on Sche	dule R?					3b		
4	Describe in Part XIV the intended uses of the	e organization's end	lowment	funds							
Pai	rt VI Land, Buildings, and Equipm	nent. See Form 99	0, Part X	(, line 10							
	Description of investment	(a) Cost or	other	(b) Cost	or other	(c) A	ccumulate	ed	(d) Boo	k valu	е
		basis (invest	tment)	basis	(other)	de	preciation				
1a	Land										
	Buildings										
	Leasehold improvements			1	0,525.		10,5	25.			0.
d	Equipment				3,958.		243,8			1	20.
e	Other				9,463.		124,4				42.
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Par	t X, colur					>			62.

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 NATIONAL F	RIGHT TO LIFE	COMMITTEE,	INC. 52	-0986195	Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, lir	ne 12			
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of value est or end-of-year mar		
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)			***************************************		
(B)					
(C)					
(D)					
(E)					
(F) (G)					
(G) (H)					
(1)					
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)					
Part VIII Investments - Program Related.	See Form 990 Part X II	ne 13			***************************************
(a) Description of investment type	(b) Book value		(c) Method of valua		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)		`\\\			
(8)		<u> </u>			
(9)	4A-V)				
(10)					
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, III			***		
	a) Description			(b) Book va	lue
(1) RECEIVABLE FROM NATIONAL	RIGHT TO LI	FE EDUCATION	AL TRUST		
(2) FUND	· /			168,	841.
(3)					
(4)				••••	
(5)					
(6)					
(7)					
(8)					
(9)	,	****			
(10) Total. (Column (b) must equal Form 990, Part X, col (B) li	no 15)			160	841.
Part X Other Liabilities. See Form 990, Part X	Y line 25			100,	041.
1. (a) Description of liability	Λ, πιο 25	(b) Amount			
(1) Federal income taxes		(b) ranount			
(2) DUE TO NATIONAL RIGHT TO	TIPE				
(3) POLITICAL ACTION COMMITT		150,000.			
(4)		20070001			
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
otal. (Column (b) must equal Form 990, Part X, col (B) II.	ne 25)	150,000.			
Total. (Column (b) must equal Form 990, Part X, col (B) II. FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote FIN 48 (ASC 740)	to the organization's financial s	tatements that reports the organi	zation's liability for uncertain	tax positions under	
32053 12-20-10				dule D (Form 99	90) 2010

27 11510909 712177 THE91S A COPY OF 2010 VE 4020 NATIONAL OFFICIAL TUSE ONLY COMM 70091__1

	dule D (Form 990) 2010 NATIONAL RIGHT TO LIFE COMMITTEE, INC. † XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial St	52-	0986195 ls	Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)		8,730,	886.
2	Total expenses (Form 990, Part IX, column (A), line 25)	,	8,733,	100.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			214.
4	Net unrealized gains (losses) on investments			774.
5	Donated services and use of facilities 5	,		,,,,,,
6	Investment expenses 6			
7	Prior period adjustments 7			
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4 through 8		1	774.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			440.
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return		440.
1	Total revenue, gains, and other support per audited financial statements	1	8,732,	660
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		0,132,	000.
a	Net unrealized gains on investments 2a 2a 1,77	Λ		
b	Donated services and use of facilities 2b			
c				
d	Hecoveries of prior year grants 2c Other (Describe in Part XIV) 2d			
	Add lines 2a through 2d	- ,	1	774.
3	Subtract line 2e from line 1	2e 3	8,730,	
A	Amounts included on Form 990, Part VIII, line 12, but not on line 1	3	0,730,	000.
a				
b	Other (Describe in Part XIV)			
	Add lines 4a and 4b	- 4-		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	4c 5	8,730,	
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retu	rn	
1	Total expenses and losses per audited financial statements	1	8,733,	100.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities 2a			
b	Prior year adjustments 2b			
С.	Other losses 2c			
d	Other (Describe in Part XIV)			
	Add lines 2a through 2d	2e	0 777	0.
3	Subtract line 2e from line 1	3	8,733,	100.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)			•
_	Add lines 4a and 4b	4c	0 722	100
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	8,733,	<u>100.</u>
_	t XIV Supplemental Information			
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any			, Part
				-
				_
032054		Sched	ule D (Form 99	0) 2010
U02U34				

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

Name of the organization Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization							Employer ide	entification number
NATIONA	AL RIGHT TO LIFE CO	(MMC	TTE	Œ,	INC.		52-0986	195
Part I Fundraising Activities required to complete this pai	Complete if the organization answ	ered "	Yes" t	o Form	990, Part IV,	line 1	7 Form 990-E2	I filers are not
 Indicate whether the organization rail a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individua Part VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (inclusive)	gover gover alsing ding o	government events officers, fundrais	nent grants grants directors, tru sing services?	stees	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or cor	Did raiser ustody itrol of utions?		oss receipts m activity	to (c	Amount paid or retained by) fundraiser red in col (i)	(vi) Amount paid to (or retained by) organization
TREASURE STATE DEVELOPMENT -		Yes	No		-Ma-10-20-20-20-20-20-20-20-20-20-20-20-20-20			
3390 COLTON DR., SUITE B,	PROFESSIONAL FUNDDRAISING		Х		306,774.		306,774.	0.
MDS COMMUNICATIONS CORP								-
545 W, JUANITA AVENUE, MESA,	TELECOMMUNICATION		Х	1	299,952.		299,952,	0.
CAPITOL RESOURCES - 700 E			\mathcal{Y}					*
PLEASANT STREET, BROOKLYN, IA	TELECOMMUNICATION /	\sim	X		106,316,		106.316.	0.
	_0							
	70							
	. *							
								*
Total			>		713.042.	W V ANDROV	713.042.	
List all states in which the organization or licensing	n is registered or licensed to solicit o	contrib	utions	or has	been notified	it is e	exempt from re	gistration
	on the Instructions for Form 200		-					

	art	Fundraising Events. Complete if the of fundraising event contributions and g	he organization answer ross income on Form 99	ed "Yes" to Form 990, Par 90-EZ, lines 1 and 6b List	t IV, line 18, or reported events with gross receil	-0986195 Page more than \$15,000 ots greater than \$5,000
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
en e			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				
_	2	Less: Charitable contributions				
_	3	Gross income (line 1 minus line 2)				
	4	Cash prizes			-	
ses	5	Noncash prizes			,	
Expen	6	Rent/facility costs			The system of th	
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses		+		
		Direct expense summary Add lines 4 through	h 9 in column (d)		•	1
		Net income summary. Combine line 3, colum		_ ` \		
² a	rt I	II Gaming. Complete if the organization	answered "Yes" to Forr	n,000, Part IV, line 19, or r	eported more than	1
		\$15,000 on Form 990-EZ, line 6a		Y) '		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c
Rev	1	Gross revenue				
Ses	2	Cash prizes	-			
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary Add lines 2 through	s 5 in column (d)		>	(
	8	Net gaming income summary Combine line 1	, column d, and line 7		•	
		er the state(s) in which the organization operate	-			
		ne organization licensed to operate gaming ac No," explain				Yes N
Πə	Wer	e any of the organization's gaming licenses re	woked suspended or the		2	Yes No
		e any of the organization's gaming licenses re				YesNo

30 11510909 712177 T705915 A COPY OF 2010 V6402TA NATIONAL OF IGHT TO LIFE COMM 70091__1

THIS IS A COPY OF A LIVE DATA RETURN. OFFICIAL USE ONLY.

	edule G (Form 990 or 990-EZ) 2010 NATIONAL RIGHT TO LIFE COMMITTEE, INC. 52-0986195	, 490
	Does the organization operate gaming activities with nonmembers?	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
	to administer charitable gaming?	
	Indicate the percentage of gaming activity operated in	
	The organization's facility	
	An outside facility	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records	
	Name	
3	Address	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	
	of gaming revenue retained by the third party > \$	
	If "Yes," enter name and address of the third party:	
	Name	
•	Address >	
16	Gaming manager information	
	Name	
(Gaming manager compensation ▶ \$	
ſ	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17 1		
	Mandatory distributions	
	is the organization required under state law to make charitable distributions from the gaming proceeds to	
a l	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes	
a l	is the organization required under state law to make charitable distributions from the gaming proceeds to	
a l b l	is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$\infty\$	
a l b l	is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (III) and (v), and	Part II
a l b l	is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$\Bigsim \\$\$	Part II
a i b i C	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$\frac{1 \text{V}}{\text{Supplemental Information}}\$. Complete this part to provide the explanations required by Part I, line 2b, columns (III) and (v), and lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruction).	Part II
a i b i C	is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (III) and (v), and	Part II
a i b i C	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$\frac{1 \text{V}}{\text{Supplemental Information}}\$. Complete this part to provide the explanations required by Part I, line 2b, columns (III) and (v), and lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruction).	Part II
a I	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). The supplemental Information is part to provide any additional information (see instructions). The supplemental Information is part to provide any additional information (see instructions). The supplemental Information is part to provide any additional information (see instructions). The supplemental Information is part to provide any additional information (see instructions). The supplemental Information is part to provide any additional information (see instructions). The supplemental Information is part to provide any additional information (see instructions). The supplemental Information is part to provide any additional information (see instructions).	Part II
Part	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:	Part II
b E CPart	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). The supplemental Information is part to provide any additional information (see instructions). The supplemental Information is part to provide any additional information (see instructions). The supplemental Information is part to provide any additional information (see instructions). The supplemental Information is part to provide any additional information (see instructions). The supplemental Information is part to provide any additional information (see instructions). The supplemental Information is part to provide any additional information (see instructions). The supplemental Information is part to provide any additional information (see instructions).	Part II
a I o o o o o o o o o o o o o o o o o o	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruct HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: NAME OF FUNDRAISER: TREASURE STATE DEVELOPMENT	Part II
b E CPart	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruct HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: NAME OF FUNDRAISER: TREASURE STATE DEVELOPMENT	Part II
a i i i i i i i i i i i i i i i i i i i	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruction). IEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: NAME OF FUNDRAISER: TREASURE STATE DEVELOPMENT ADDRESS OF FUNDRAISER: 3390 COLTON DR., SUITE B, HELENA, MT. 59602	Part II
all for the second seco	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructive IEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: NAME OF FUNDRAISER: TREASURE STATE DEVELOPMENT ADDRESS OF FUNDRAISER: 3390 COLTON DR., SUITE B, HELENA, MT. 59602 NAME OF FUNDRAISER: MDS COMMUNICATIONS CORP.	Part II
all for the second seco	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructive). EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: NAME OF FUNDRAISER: TREASURE STATE DEVELOPMENT ADDRESS OF FUNDRAISER: 3390 COLTON DR., SUITE B, HELENA, MT. 59602 NAME OF FUNDRAISER: MDS COMMUNICATIONS CORP.	Part II
all for the second seco	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructive IEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: NAME OF FUNDRAISER: TREASURE STATE DEVELOPMENT ADDRESS OF FUNDRAISER: 3390 COLTON DR., SUITE B, HELENA, MT. 59602 NAME OF FUNDRAISER: MDS COMMUNICATIONS CORP.	Part II
Part (I)	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructive IEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: NAME OF FUNDRAISER: TREASURE STATE DEVELOPMENT ADDRESS OF FUNDRAISER: 3390 COLTON DR., SUITE B, HELENA, MT. 59602 NAME OF FUNDRAISER: MDS COMMUNICATIONS CORP.	Part II
Parl SCH	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year StIV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruct IEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: NAME OF FUNDRAISER: TREASURE STATE DEVELOPMENT ADDRESS OF FUNDRAISER: 3390 COLTON DR., SUITE B, HELENA, MT 59602 NAME OF FUNDRAISER: MDS COMMUNICATIONS CORP. ADDRESS OF FUNDRAISER: 545 W. JUANITA AVENUE, MESA, AZ 85210	Part III
a f f f f f f f f f	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ It IV Supplemental information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (iv), and lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruction). IEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: NAME OF FUNDRAISER: TREASURE STATE DEVELOPMENT ADDRESS OF FUNDRAISER: 3390 COLTON DR., SUITE B, HELENA, MT 59602 NAME OF FUNDRAISER: MDS COMMUNICATIONS CORP. ADDRESS OF FUNDRAISER: 545 W. JUANITA AVENUE, MESA, AZ 85210 NAME OF FUNDRAISER: CAPITOL RESOURCES	Part III

THIS IS A COPY OF A LIVE DATA RETURN. OFFICIAL USE ONLY.

Schedule G (Form 990 or 990-EZ) 2010 NATIONAL RIGHT TO LIFE COMMITTEE, INC. Part IV Supplemental Information (continued)	52-0986195	Page 4
(I) ADDRESS OF FUNDRAISER: 700 E PLEASANT STREET, BROOKLYN,	IA 52211	
Schedule	G (Form 990 or 990-l	EZ) 2010

SCHEDULE J (Form 990)

Part I

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990. ➤ See separate instructions

NATIONAL RIGHT TO LIFE COMMITTEE

Employer identification number 52-0986195

Schedule J (Form 990) 2010

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approva by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line Ta with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment from the organization or a related organization? 4a Participate in, or receive payment from, a supplemental nor qualified retirement plan? X 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? X 5a Any related organization? X 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? X 6a Any related organization? X 6b If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III X Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III X 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

age 2

52-0986195 NATIONAL RIGHT TO LIFE COMMITTEE, INC. Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

Norraxable lotal of columns benefits (B)(i)(D) 0 0 51,000. 0 0 0. 1 0 0 0				(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(Q)	(E)	(F)
WANDA FRANZ, PH.D. (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Hetirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
WANDA FRANZ, PH.D. (u) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		1	Ξ	51,	0	0	0	O	- 1	c
	- W	FRANZ,	Ξ	0	0	0	0	0,0		
			Ξ							
	7		Ξ							
			Ξ							
	က		(E)		^					
			(i)		>					
	4		Ξ							
			ε							
	5		Ξ			\ \ \				
			Ξ							
	9		Ξ							
			18							
	7		3			7				
			Ξ							
	80		(E)							
			Ξ						,	
	6		E							
			Ξ				*			
	9		(E)							
			Ξ							
	=		(ii)	-						
		•	Ξ							
	4		(I)							
			8							
	13		Ξ							
			Ξ							
	4		3							
			Ξ							
	5		9							
			Ξ							
	16		3							

34

032112 12-21-10

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number NATIONAL RIGHT TO LIFE COMMITTEE INC 52-0986195 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ORGANIZATION AND MEMBERSHIP EXPENSES \$ 671,588. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. NRL NEWS: IS A MONTHLY 28 TO 32 PAGE NEWSPAPER. IT IS THE RIGHT TO LIFE NEWSPAPER OF RECORD THAT COVERS PRO-LIFE ISSUES AND IN-DEPTH ANALYSIS OF RELATED TOPICS. IT IS THE PUBLICATION FOR GRASSROOTS ACTIVISTS, AS WELL AS JOURNALISTS, ACADEMICS, AND SOCIAL SCIENTISTS. EXPENSES \$ 665,637. INCLUDING GRANTS OF REVENUE \$ INFORMATION TECHNOLOGY INCLUDING GRANTS OF \$ 0. EXPENSES \$ 322,637. REVENUE S 0. MEDICAL ETHICS EXPENSES \$ 244,865. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. CONVENTION EXPENSES \$ 80,694. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,631. COMMUNICATIONS <u>EXPENSES \$ 2,385.</u> INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 2: EMMA O'STEEN, THE ELECTED REPRESENTATIVE FROM THE STATE OF NORTH CAROLINA TO THE BOARD OF DIRECTORS, IS THE MOTHER OF DAVID O'STEEN, EXECUTIVE DIRECTOR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

11510909 712177 THIS A COPY OF 2010 OF 4020

^{OF}201U.U402U NATIONAL OFFICHAL USE ONLY COMM 70091__1

Schedule O (Form 990 or 990 EZ) (2010)	Page 2
Name of the organization NATIONAL RIGHT TO LIFE COMMITTEE, INC.	Employer identification number 52-0986195
FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PREPARE	D BY INDEPENDENT
ACCOUNTANT. PRIOR TO FILING, THE 990 IS REVIEWED BY BOTH	THE EXECUTIVE
DIRECTOR AND THE DIRECTOR OF FINANCE. ANY QUESTIONS AND C	CONCERNS ARE
SUBSEQUENTLY ADDRESSED BY THE CPA PRIOR TO FILING A FINAL	RETURN.
FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF I	NTEREST POLICY IS
MONITORED ANNUALLY TO ENSURE COMPLIANCE.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AK, AL, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY, LA, MD, ME, MY, MN, MO, MS,	NC, ND, NJ, NM, NY, OH
OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV	
FORM 990, PART VI, SECTION C, LINE 19. THE ORGANIZATION M	IAKES ITS
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST	. ITS GOVERNING
DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILAB	LE TO THE PUBLIC.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	1,774.
FORM 990 PART XI, LINE 2C	
FINANCIAL STATEMENTS AND REPORTING	
THE AUDIT COMMITTEE'S PROCESS FOR SELECTING AN INDEPENDEN	T ACCOUNTANT
HAS NOT CHANGED.	
·	

Employer identification number Schedule R (Form 990) 2010 (g) Section 512(b)(13) 2010 Open to Public Inspection ŝ OMB No 1545-0047 controlled × entity? Direct controlling Yes 52-0986195 entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Year to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) Direct controlling End-of-year assets <u>e</u> status (if section Public charity 501(c)(3)) INE 7 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. INE Total Income Related Organizations and Unrelated Partnerships Ē Exempt Code section DISTRICT OF COLUMBIA 501(C)(3) 501(C)(4) 501(C)(3) 9 See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or Legal domicile (state or DISTRICT OF COLUMBIA DISTRICT OF COLUMBIA DISTRICT OF COLUMBIA foreign country) foreign country) <u>ပ</u> INC. RIGHT TO LIFE COMMITTEE, SUPPORT OF PRO-LIFE ISSUES EDUCATES THE PUBLIC ABOUT TO PROMOTE EDU., SOCIAL & Attach to Form 990. CHARITABLE ACTIVITIES TO CHARITABLE OR EDU. PROG. WHICH ADVOCATE PRO-LIFE TO PROVIDE SUPPORT TO ABORTION, EUTHANASIA, Primary activity SECTION 527 SEPARATE Primary activity 9 SEGREGATED FUND or Paperwork Reduction Act Notice, see the Instructions for Form 990. INFANTICIDE, NATIONAL RIGHT TO LIFE COMMITTEE EDUCATIONAL COMMITTEE - 52-2256246, 512 10TH STREET, NW 52-1257773, 512 10TH STREET, NW, WASHINGTON 512 10TH STREET, NW WASHINGTON TRUST FUND - 52-1241126, 512 10TH STREET NATIONAL RIGHT TO LIFE CONVENTIONS, INC. NATIONAL RIGHT TO LIFE POLITICAL ACTION INC, NATIONAL THE HORATIO R, STORER FOUNDATION. Name, address, and EIN Name, address, and EIN of related organization of disregarded entity WASHINGTON, DC 20004 WASHINGTON DC 20004 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULER 73-1010913 20004 (Form 990) 20004 Part I Part II THIS IS A COPY OF A LIVE DATA RETURN. OFFICIAL USE ONLY.

37

332181 12-21-10 LHA

x managing ownership partner? Page 2 Percentage ownership 900 Schedule R (Form 990) 2010 Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) $\overline{\mathbf{s}}$ E 52-0986195 Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Share of end-of-year assets Code V-UBI amount in box 120 of Schedule K-1 (Form 1065) <u>(6</u> Ξ Share of total income ate allocations? € Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) (g) Share of end-of-year assets <u>e</u> (d) Direct controlling Share of total income $\mathbf{\varepsilon}$ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) *်* DC <u>e</u> 38 Schedule R (Form 990) 2010 NATIONAL RIGHT TO LIFE COMMITTEE, Primary activity (d)
| Direct controlling entity (c)
Legal
domicile
(state or
foreign
country) NATIONAL RIGHT TO LIFE POLITICAL ACTION COMMITTEE g Primary activity 512 10TH STREET, NW. WASHINGTON, Name, address, and EIN of related organization Name, address, and EIN of related organization 032162 12-21-10 52-2256246 Part IV 20004 THIS IS A COPY OF A LIVE DATA RETURN. OFFICIAL USE ONLY.

52-0986195 Page 3

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Schedule R (Form 990) 2010 NATIONAL RIGHT TO LIFE COMMITTEE,

INC.

				•
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed in Parl	ts II-IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a X
b Gift, grant, or capital contribution to other organization(s)				1b X
c Gift, grant, or capital contribution from other organization(s)				1c X
d Loans or loan guarantees to or for other organization(s)				1d X
e Loans or loan guarantees by other organization(s)				1e X
f Sale of assets to other organization(s)				1f X
g Purchase of assets from other organization(s)				1g X
h Exchange of assets				1h X
i Lease of facilities, equipment, or other assets to other organization(s)				1i X
j Lease of facilities, equipment, or other assets from other organization(s)				×
k Performance of services or membership or fundraising solicitations for other organizations	liza ilon(s)			
	ization(s)			1
m Sharing of facilities, equipment, mailing lists, or other assets	/			m
n Sharing of paid employees				1n X
				+
o Reimbursement paid to other organization for expenses				10 X
p Reimbursement paid by other organization for expenses		^ ^		Tp X
		\ \ \		
 q Other transfer of cash or property to other organization(s) 				1q X
r Other transfer of cash or property from other organization(s)				1r X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	ns line, including covered relation	nships and transaction thresholds	
(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determining	
	type (a-r)		amount involved	
(1) NATIONAL RIGHT TO LIFE CONVENTIONS, INC	ф	80.694.		
RIGHT TO LIFE EDUCATION TRU				
	D	168,841.		
NATIONAL RIGHT TO LIFE EDUCATION TRUST				
	ט	324,636.		
NATIONAL RIGHT TO LIFE POLICAL ACTION	((
	0	1,124,744.		
NATIONAL KIGHT TO LIFE POLICAL ACTION (5) COMMITTEE	0	69.272.		
NATIONAL RIGHT TO LIFE EDUCATION TRUST	£	0 0		,
(6) FUND				
032163 12-21-10	3.9		Schedul	Schedule R (Form 990) 2010

52-0986195 Pag

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) INC. Schedule R (Form 990) 2010 NATIONAL RIGHT TO LIFE COMMITTEE,

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

THIS	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Are all partners section 50 1(c)(3) organizations?	(e) Share of end-of- year assets	Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K·1 (Form 1065)	General or managing partner?
IS						2		200
A								
CO					,			
PY								
OF		/						
A								
LI								
VE								
DA								
ΤA								
R			<u>(</u>					
ETU			〉 ~					
JRN								
Ι.								
OF								
FI								
CI								20
AL								
US								-
E								
ONI		T						
Y.								
•								
•						1	Schodulo B (Extra 000) 2040	0000
							aciledule n (ron	990) 20 10
	022164 12-21-10	40						

THIS IS A COPY OF A LIVE DATA RETURN. OFFICIAL USE ONLY.

Schedule R (Form 990) 2010 Part VII Supplemental Info	NATIONAL F	RIGHT TO LI	FE COMMITTE	E, INC.	52-0986195	Page 5
Complete this part to pro	rmation					
Complete this part to pro	ovide additional inform	ation for responses	to questions on Schedu	ile H (see instruct	ions)	
	· · · · · · · · · · · · · · · · · · ·					
	<u> </u>					
*	-					
	-0		Additional			
			Au			-
					a a	
			7,1			
						
			<u> </u>			
			")			
				-	AND THE STREET STREET	
		1		***************************************		

					and the second s	
	*					
A Company of the Comp						
•						
					10	
				•		
		, , =			-	
032165 12-21-10						
12-21-10					Schedule R (Form 99	30) 2010

11510909 712177 THIS IS A COPY OF 2010.04020 NATIONAL RIGHT TO LIFE COMM 70091__1